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CONFIRMATION NO. 4042

<b>SERIAL NUMBER</b> 10/658,028	<b>FILING OR 371(c) DATE</b> 09/09/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 20363-021
<b>APPLICANTS</b> Stanley J. Korsmeyer, Weston, MA; Anthony Letai, Medfield, MA;  <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/409,488 09/09/2002 and claims benefit of 60/495,036 08/14/2003  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/29/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 32
			<b>INDEPENDENT CLAIMS</b> 9	
<b>ADDRESS</b> 30623				
<b>TITLE</b> BH3 peptides and method of use thereof				
<b>FILING FEE RECEIVED</b> 1318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	